ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Insurer Name:	West American Insurance Co.			Contact Person:	Linda Baker		
NAIC Number:	148-44393						
Name of Advisory Organization Whose Filing You Are Referencing:				Signature:			
Co. Affiliation to Advisory	y Organization:	Member	Subscriber X	Service Purchaser		Telephone No:	1-800-843-6446 Ext. 2120
Reference Filing #:	N/A	Proposed E	ffective Date: 1/3	31/06 new, 3/23/06 renewal			

		FOR LOSS COSTS ONLY					
(1)	(2) Indicated	(3) Requested	(4)	(5) Loss Cost	(6) Selected	(7) Expense	(8) Co. Current
LINE OF INSURANCE	% Rate	% Rate	Expected	Modification	Loss Cost	Constant	Loss Cost
By Coverage	Level Change	Level Change	Loss Ratio	Factor	Multiplier	(If Applicable)	Multiplier
Homeowners Multiple Peril							
Owners Forms	5.1%	0.8%	N/A	N/A	N/A	N/A	N/A
Tenants Forms	-14.3%	-3.7%	N/A	N/A	FL	ΕĎ	N/A
				Ву	bharrington at 8	3:32 am, 12/7/05	
					ROPERTY & (ASUALTY ICE DEPARTA	MENIT
				ANNAINC	NO INSURAI	NOC DEL ARTA	16141
TOTAL OVERALL EFFECT	4.5%	0.7%	N/A	N/A	N/A	N/A	N/A

N	Apply Lost Cost Factors to Future Filings? (Y or N)
18.6%	Estimated Maximum Rate Increase for any Arkansas Insured (%)
-9.8%	Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

Selected Provisions

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	Rate Change History		ange History	AR Earned	Incurred	Arkansas	Countrywide	A. Total Production Expense	22.8%	
Year	Policy Count	%	Eff. Date	Premium (000)	Losses (000)	Loss Ratio	Loss Ratio	B. General Expense	2.9%	
2000	2262	11.8	8/25/2000	1210	2374	196.2%	71.3%	C. Taxes License & Fees	3.1%	
2001	1587	18.9	9/21/2001	1148	1410	122.8%	75.4%	D. Underwriting Profit &		
2002	946	0, 24.0	7/1/02, 11/21/02	767	648	84.5%	68.4%	Contingencies	8.8%	
2003	968	0	7/22/2003	735	379	51.6%	59.8%	E. Other (explain)	N/A	
2004	803	24.2, -0.1	1/20/2004, 8/22/04	749	346	46.2%	47.0%	F. TOTAL	37.6%	

¹² Months ending December